AIDS Brief for professionals

Development Personnel

Today, in countries across the globe, HIV/AIDS threatens to reverse hard won progress in human development. The determinants of the epidemic cannot be explained only in terms of individual risk-taking behaviour. There is a direct relationship between HIV infection and poverty, inequality, the status of women in society, social disruption, illiteracy, human rights violations and all the other factors which define the context for development work. That these factors are common to both development work and HIV/AIDS work clearly highlights the central role which development personnel can assume in mounting an appropriate, effective, sustained response to the epidemic.

This AIDS Brief explores the inter-relationship between development and the HIV/AIDS epidemic, with particular emphasis on developing countries, and describes the range of issues which development personnel should take into account as they confront the HIV/AIDS epidemic.

"*HIV is now the single greatest threat to the future economic development in Africa. AIDS kills adults in the prime of their working and parenting lives, decimates the workforce, fractures and impoverishes families, orphans millions and shreds the fabric of communities.*"
Callisto Madavo, Vice President of the World Bank, Africa Region, Lusaka, 13 September 1999

BACKGROUND

Definition of Development

The practice of 'development' has various meanings and takes on many different forms. Generally, it is understood that sustainable development must take into consideration both economic and social factors. Development aims to facilitate community participation, increase the range of people's choices, foster self-reliance, and 'bottom up' problem solving. The goal is to assist individuals, organisations and communities to realise their potential and to create a more purposeful, equitable and civil society.

Development personnel come from a range of backgrounds and work in differing contexts such as health care, welfare, social science, rural development, education, transport, political science and economics. They may be senior managers, programme planners or field staff working in community-based and non-government organisations (CBOs/NGOs), religious organisations, national and international governments, academic institutions, trade unions, international private voluntary organisations and the United Nations.

THE GLOBAL HIV EPIDEMIC

As we enter the twenty-first century the global threat of HIV/AIDS stands largely unabated. There is still no cure nor vaccine for AIDS.

UNAIDS reports that, in 1998, 16,000 individuals were infected with HIV every day and by the year's end over 33 million people, a number that exceeds the entire population of Canada, were living with HIV – although it is estimated that nine-tenths of them are unaware of their infection.

The history of the epidemic has already demonstrated that HIV/AIDS can move rapidly and affect people from all walks of life across entire communities. HIV/AIDS does not respect borders of any kind. No community is immune to HIV/AIDS because of its cultural or religious beliefs or geographical location.

Recent treatment advances in the industralised world have lead many to believe falsely that the AIDS epidemic is now under control. New combination therapies have improved the quality of life and extended the survival of people with HIV, but they are far from a cure. However, even more caution is required, because the new anti-retrovirals are very expensive and can have serious side effects. At this stage, no one can predict their long-term benefits or how quickly the virus may mutate and become resistant to the new drugs.

The developing world faces a much more grim reality. Since the start of the epidemic, 95% of people currently infected and 95% of the lives lost to AIDS are in the developing world. The individual who falls ill initially feels the devastating impact of HIV/AIDS, followed by his or her immediate household. The impact then insidiously reaches out to touch the community and finally the country's economic and social structures and institutions.

The facts speak for themselves:

- Nine million adults and nearly three million children have died of AIDS worldwide since the beginning of the epidemic.
- AIDS is now the leading cause of death in Africa. 14 million African adults are infected and half of them are women.
- In 1998, two million people died of AIDS in sub-Saharan Africa and millions of new infections occur there every year.
- The world's nine most severely affected countries are all located in Africa, where at least one-tenth of the adult population has HIV. This will mean that life expectancy for a child born in 2000 – 2005 will drop to 43 years from the pre-AIDS expectation of 60 years of life. In Zimbabwe life expectancy has been reduced by 22 years.
- The World Bank's Agriculture Department reports that HIV/AIDS has joined drought, locusts and civil wars as a threat to Africa's food supply largely because of losses in the agricultural workforce.

The message is clear – HIV/AIDS MUST be addressed as a national and international development issue – with people at the very centre of the response.

HIV/AIDS IS A UNIQUE PROBLEM

Development workers face many complex and challenging problems in all aspects of their work. It is often argued that diseases other than HIV/AIDS kill more people each year and therefore there is too much emphasis on HIV/AIDS. Why then does HIV/AIDS deserve special consideration?

HIV/AIDS is more than a health issue

HIV/AIDS is best understood as an intersectoral issue, because the epidemic poses a significant and complex threat to society as a whole. Policy and programme development must ensure that there is co-operation between a wide range of partners. It is critically important to understand the social and economic determinants of the disease. Factors such as the migration of workers, the rural-urban drift and the role and status of women fuel the spread of HIV.

HIV/AIDS is spread through private behaviours

Heterosexual transmission accounts for at least 70-80% of all global infections. Mother-to-child transmission accounts for about 10% of infections and transmission through blood and blood products (including injecting drug use) accounts for the remainder.

Addressing HIV/AIDS means talking about private, intimate behaviours and this requires more creative approaches to disease control than are traditionally practised by Ministries of Health. HIV/AIDS has meant accepting that people are not always faithful to their long-term partners, that people sometimes go to sex workers, that some men in heterosexual relationships sometimes have sex with men, that some people inject drugs and that young people might have sex before marriage. Effective HIV/AIDS prevention means learning to talk about these behaviours in an open and non-judgemental manner.

HIV/AIDS infections occur primarily in young adults

Unlike many infectious diseases, which affect either the very young or elderly, HIV/AIDS has had a different impact. While infants account for approximately 10% of cases, young adults aged between 15 to 45 make up the majority of the remaining infections. This results in a massive loss of economically active people in the prime of their lives.

In many developing countries, there is also a significant age difference between when women and men are infected. Women tend to be infected several years earlier than men and this has major implications for prevention. This means that prevention campaigns that fail to address the risk to adolescent girls are seriously flawed. It has been suggested that treating STDs in the male partners of such girls will help prevent HIV infection in these young women. AIDS spreads more quickly where women are economically dependent on men, are unable to read and have limited legal rights for divorce, inheritance and child custody.

HIV is a slow acting virus and the infection often remains hidden

HIV/AIDS has a long incubation period (approximately 6 to 8 years in developing countries). This means that people may continue to live and work but be infected and able to infect others. UNAIDS conservatively estimates that 90% of all HIV-infected people worldwide do not know they have the virus. The absence of a large-scale *visible* epidemic helps to reinforce community denial that HIV is a problem and, as a result, behaviour change and political action can be difficult to achieve. It is also known that good nutrition and early treatment of opportunistic infections can assist greatly in prolonging life. Currently, there is no vaccine or cure for HIV/AIDS and the promising new and expensive treatments available in the developed world will be out of reach for most people in the developing world.

HIV/AIDS AND DEVELOPMENT

HIV/AIDS cannot be separated from broader development issues such as poverty, gender inequities and human rights. HIV/AIDS threatens human development and social and economic security. In developing countries, where 95% of all HIV infections occur, AIDS is already reversing decades of hard won development gains in improving the quality of people's lives and reducing poverty. Individuals and communities need self-confidence to develop and HIV/AIDS erodes the development process through exacerbating poverty, promoting despair and destroying community spirit. The sustainability of HIV/AIDS programmes will depend, in part, upon the degree to which HIV/AIDS programmes are integrated into other existing development structures and strategies.

Here is a snapshot of a community caught in the onslaught of HIV:

- Economically productive adults leave work due to illness or to attend funerals or to care for people – the local school loses teachers, health-care workers become sick, husbands and fathers are no longer employed
- Life expectancy decreases
- Infant mortality increases
- Existing under-resourced health services become overwhelmed
- Disruption to family and community life emerges
- Children are kept away from school to care for adults
- There are increasing numbers of orphans – most of whom have less access to education and to adult role models
- Limited family resources are spent on care and funerals
- Food production declines – malnutrition increases
- Poverty, inequality and crime increase
- People with HIV become stigmatised and face harm and discrimination.

This snapshot demonstrates that the impact of HIV/AIDS on households, business, farms, the education system and the economy will be devastating.

Development personnel must address HIV/AIDS because failure to do so will jeopardise the viability and usefulness of other development projects. Additionally, existing and proposed development projects may, in fact, further the spread of HIV/AIDS. For example, infrastructure projects increase mobility. Initially, workers will travel to construction sites for extended periods of time for work and, once completed, a new transport route opens up facilitating more movement. Workers away from home may increase their number of sexual partners as a result of being separated from their families. This demand gives rise to the establishment of a local sex industry, putting local and other women at risk of STDs including HIV infection.

HIV/AIDS is discussed in the context of the following key performance areas:

Planning

Firstly, there is a need to prevent new HIV infections and, secondly, to plan for and minimise the impact of the disease. However, the need to incorporate HIV/AIDS into the general development framework is not always immediately evident to development workers because the impact of HIV is slow, insidious and hidden.

Only by considering HIV/AIDS issues early in the planning cycle can development begin to address HIV/AIDS. As previously discussed, the development sector is diverse and each worker will need to adapt the Checklist questions to suit their needs. Included are some sector-specific questions, which relate to the supply of labour, education and rural development.

In order to inform their work, development personnel need to assess and map their local HIV/AIDS situation. This means:

- understanding the make-up of the local epidemic – who is being infected and how;
- identifying 'hotspots' for transmission;
- analysing the factors which fuel the epidemic such as sex behaviour and drug use;
- identifying and analysing the impact of existing HIV prevention strategies such as availability of male and female condoms and clean injection equipment;
- analysing the national commitment to tackling the problem.

Based on this assessment, HIV activities should be incorporated into planning processes or there may be the need to develop specific HIV/AIDS action plans. Development staff that do not have a background in HIV/AIDS will require capacity building so that they can effectively incorporate HIV/AIDS into their practice and framework.

Risk assessment

Development personnel need to be aware that HIV/AIDS can make a project less attractive to funding agencies. The risks may be perceived to be too great and the benefits might not be realised. For example, a funding agency might perceive that an agriculture project is too risky to fund because of the HIV-related lack of skilled farm workers. HIV/AIDS may lead to lower productivity and poor crop yields because farmers are unable to tend the crops or income is spent on the purchase of medicine and not farm equipment and pesticides.

As a consequence of HIV/AIDS, development projects may require more funding than usual to accommodate additional burdens. These include the recruitment and training of extra workers to compensate for HIV/AIDS-related absenteeism and mortality. Development projects should also consider the appropriateness of providing HIV/AIDS-related welfare costs such as orphan care, sickness benefits and funeral costs.

Gender analysis

It is best practice to conduct a gender analysis in all development projects. Because of the vulnerability of women to HIV/AIDS, gender analysis is of critical importance. HIV/AIDS impacts upon women in several ways: a woman

may become infected herself; she may pass on the infection to her child and she is the main family carer, even if she is also infected. Women are also often 'blamed' for the spread of HIV, because of the stereotypes associated with HIV/AIDS and their link to marginalised groups such as sex workers.

Development personnel need to analyse the relationship between HIV/AIDS and gender and apply this to their specific project. For example, consider the relationship between an infrastructure project, which builds a bridge in a remote community, and the establishment of a new local sex industry. The infrastructure project will need to facilitate activities which address the HIV/AIDS needs of the sex industry and lessen the likelihood of the project becoming a 'hot spot' for HIV transmission. Strategies might include sex worker peer education projects, the provision of male and female condoms and linking up with primary health care facilities.

Community development, mobilisation and advocacy

Since the beginning of the HIV/AIDS epidemic, NGOs/CBOs were the first to mobilise, with 'official' responses coming later. NGOs/CBOs have always been at the centre of the fight against HIV/AIDS and have often had to carry the burden of HIV/AIDS work without funding, support or acknowledgement. However, community level action is much easier to begin than to sustain.

NGOs/CBOs can provide a voice for the most marginalised communities. This is of critical importance because those most at risk are also often the most powerless in society. NGOs/CBOs are often able to reach those most at risk and provide them with information about risk behaviour in their own language and in a way that respects their cultural norms and values. Against the backdrop of the fast-moving HIV/AIDS epidemic, the need for a vibrant and strong NGO/CBO sector has never been greater. Development personnel can play a significant role in supporting HIV/AIDS specific NGOs/CBOs and in mobilising other more generally orientated NGOs/CBOs to play a role.

Following on from this it must also be understood that people with HIV/AIDS (PWAs) hold the key to effective HIV/AIDS prevention and care. PWAs provide valuable information on the experience of living with HIV/AIDS and on issues faced by PWAs and their families. PWAs need to be empowered so that they are placed centrally within all organisations and agencies. PWA participation requires a strong, ethical and enforceable legal framework because without this, PWAs will be unable to participate without fear of discrimination and harm.

Challenging denial and complacency about HIV/AIDS has proven to be difficult. NGOs/CBOs and especially PWAs have shown enormous courage in attempting to break the conspiracy of silence. Development workers can support these efforts and advocate for increasing the profile of HIV/AIDS.

Sustainability

HIVAIDS is a long-term emergency and, therefore, radically different responses are required. For projects and organisations working in a crisis, sustainability needs to be defined in that context. For example, credit and micro-enterprise schemes may have to be rethought in areas with high HIV prevalence or well-targeted micro-enterprise schemes might need to be introduced to lessen women's dependence on men.

The development worker will need to formulate arguments to justify prolonged funding of projects where sustainability is unlikely because of HIV/AIDS.

CHECKLIST

KEY QUESTIONS	ACTIONS
1. Planning ■ Is HIV currently relevant to the current project? If yes - what are the risks and what can be done to mitigate the risks? ■ What risks do HIV/AIDS problems pose for the project? ■ How will this affect sustainability? ■ How can HIV/AIDS issues be considered in the project planning cycle? ■ How does/will HIV/AIDS impact on the current project? ■ Is the project likely to further the spread of HIV/AIDS or create an environment which could facilitate the spread of the epidemic? If so, how? ■ What can be done to address this situation? ■ How can the project further HIV/AIDS education and awareness raising? ■ How can the project support behaviour change interventions?	✓ Obtain relevant research and review projections. ✓ Re-orient the project to take HIV/AIDS into consideration. ✓ Check that the situation analysis/problem identification stage includes consideration of HIV/AIDS factors. ✓ Include HIV/AIDS training in other project-related training. ✓ Include HIV/AIDS-related work in job descriptions for project staff. ✓ Ensure that the project has established intersectoral links and networks with other NGOs/CBOs, the private sector and local/provincial/national governments. ✓ Assess the capacity of own staff to incorporate HIV/AIDS strategies into their practice. ✓ Facilitate targeted training and other capacity building where appropriate.
2. Labour supply ■ How will the supply of labour be affected? ■ Will there be a decrease in the availability of skilled labour? ■ Can the labour be replaced? ■ Does the nature of the work require people to travel and be away from their families and communities for extended periods? ■ What is the gender breakdown of the workforce? ■ How are workers accommodated? ■ What social support structures are provided? ■ Does the working environment support a local sex industry? ■ Are migrant workers employed? If so, what proportion? ■ What health care provisions/insurance/death benefits has the workplace provided? ■ How will HIV affect the demand for services? ■ Will there be changes in household income and expenditure? What are the flow-on effects of this?	✓ Plan to train more staff than was previously required. ✓ Build in targeted HIV/AIDS education and health promotion. ✓ Ensure the distribution of male and female condoms. ✓ Ensure access to supportive medical services. ✓ Reduce time spent away from home. ✓ Review human resource policies adequately to address sick leave provisions, carers' leave and death benefits. ✓ Support the development of peer-based sex worker and employee interventions. ✓ Ensure coordination with local primary health care facilities. ✓ If health facilities do not exist advocate for the development of services. ✓ Explore the role and potential of the private sector to assist with developing HIV/AIDS projects and activities.
3. Education ■ Will the projected number of children require education? ■ Are children being withdrawn from school to be caregivers or to earn an income? ■ Is this impact different for girls? ■ Will girls be withdrawn from school to be caregivers? ■ Is the number of teachers being reduced through HIV-related illness and death? Is there increased absenteeism? ■ Is this impact different for female teachers, administrators etc? ■ Does the school curriculum include content on HIV/AIDS and lifeskills? ■ Does the school environment protect young girls from rape and physical abuse? ■ Are there after-school activities or supervision for young people?	✓ Ensure that education and training policies take HIV/AIDS into account. Build HIV/AIDS education into the general curriculum from an early age. ✓ Explore opportunities for outreach to the broader community. ✓ Review planning and projected student and teacher numbers and revise human resource planning in the light of this information. ✓ Provide material support to poor students to encourage the continuation of their education. ✓ Adapt education needs to suit orphans and/or children who have been withdrawn from school to be care givers. ✓ Respond to the special needs of HIV-positive students and protect their rights. ✓ Protect students from sexual abuse. ✓ Exempt female students from fees to encourage their attendance at school. ✓ Distribute male and female condoms.

4. Rural development ■ Will there be a direct loss of productive labour on farms? ■ Is a change in cropping, such as a move towards less labour-intensive farming necessary? How will this change be facilitated? Are new skills and equipment required? ■ Will there be a reduction in crop and livestock yields? How will the shortfall be compensated for? ■ Will resources that were previously used for the purchase of farm equipment and pesticides now be used for medicine and care? ■ Do children, women and older people have to take on farming duties? Are farm equipment and tools easily used by less able-bodied people?	✓ Re-orient programmes to include HIV/AIDS education and prevention. ✓ Distribute male and female condoms. ✓ Research and develop farming practices that are less labour-intensive, produce nutritious crops and use low cost labour-saving technology. ✓ Explore the development of co-operatives, which share the farming workload within the community.
5. Risk assessment ■ What risks does HIV/AIDS bring to the project and what can be done to mitigate the risks? ■ Who is responsible for addressing the risks? ■ How viable is the project in the context of a large-scale epidemic? ■ Is the proposed or existing development project the best use of resources?	✓ Obtain relevant research and review projections. ✓ Re-orient the project to take HIV/AIDS into consideration. ✓ Develop contingency plans as part of the strategic planning. ✓ Ensure that HIV/AIDS is considered in the context of sustainability and as part of the risk assessment phase. ✓ Advocate to donors for greater capacity building support. ✓ Establish a dialogue with the community to discuss the risks and jointly identify strategies to mitigate against the risks.
6. Gender analysis ■ What issues are specific to women? ■ Will women have to withdraw from the project because of the impact of HIV/AIDS? ■ How do the roles, status and power of men and women differ? Are women in subordinate positions within their families and communities? Do they have independent economic support? ■ Who initiates sex? Can women say "no" to unwanted or unprotected sex? How common is rape, incest, forced sex and child abuse? Can women get their partners to use condoms? Can women obtain male and female condoms? What are the barriers to women obtaining condoms? ■ Has there been consultation with women and men whose lives will be affected by the project? How will the project affect women's lives? How will women have access to the opportunities and services that the project brings such as training, employment, capacity building?	✓ Develop projects which improve the economic and social status of women and lessen their reliance on men. ✓ Explore targeted income-generating projects for women. ✓ Ensure that women are well represented at all levels within the project - as staff, volunteers and clients. ✓ Develop project activities, which reduce the need for women to rely on sex work. ✓ Ensure that the project builds the self-esteem of women.
7. Community development and mobilisation ■ What community development and mobilisation strategies and initiatives currently exist? ■ How can these strategies and initiatives be mobilised to include HIV/AIDS content? ■ What potential impact might the project have on people with HIV/AIDS? ■ How can development projects support people with HIV/AIDS? ■ What protections need to be built into the project to safeguard the rights of people with HIV/AIDS?	✓ Review existing community mobilisation initiatives and assess how HIV/AIDS can be incorporated into their mandate. ✓ Support community initiatives which address HIV/AIDS and aim to recruit PWAs into the workforce. ✓ Ensure that development projects have developed appropriate workplace policies to support the inclusion of PWAs in the workplace. ✓ Increase awareness of anti-discrimination legislation. ✓ Network with other HIV/AIDS specific projects and NGOs/CBOs.
8. Sustainability ■ How will HIV/AIDS impact on sustainability? ■ In the light of the HIV/AIDS epidemic what is the most appropriate and feasible definition of sustainability?	✓ Redefine sustainability in the context of HIV/AIDS. ✓ Advocate for extended funding periods which will enable communities to be mobilised.

SUMMARY

- HIV/AIDS will reverse previous gains made in development such as increases in life expectancy and decreases in infant and child mortality. Already under-resourced health systems will become overwhelmed. Additionally, poverty will increase and inequality will grow. HIV/AIDS, like drought, war and locusts, has the potential to threaten food supply and security. However, the cost of HIV/AIDS goes beyond economic impact - HIV/AIDS has the potential to destroy the fabric of society for several generations to come.
- HIV/AIDS is a critically important issue for the practice of development. Development projects, which take into consideration the implications of HIV/AIDS, will reduce the spread of HIV/AIDS and minimise the economic and social impact. Intersectoral collaboration and the forging of partnerships are central to the response.
- Development personnel themselves are well placed to be part of the solution, by breaking the conspiracy of silence and by facilitating broad-based inter-sectoral responses.
- HIV/AIDS is a global epidemic. The fight against HIV/AIDS requires global solidarity, political commitment and the mobilisation of the communities affected and infected.

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Useful Websites

AF-AIDS
www.hivnet.ch:8000/africa/af-aids/tdm
Community Development Resource Association (CDRA)
www.cdra.org.za
e-PRODDER-mail
www.prodder.co.za
Healthlink publications
www.healthlink.org.uk
HEARD
www.und.ac.za/und/heard
International Council of AIDS Service Organisations
www.icaso.org
South African NGO Coalition (SANGOCO)
www.sangoco.org.za
The World Bank
www.worldbank.org
UNAIDS
www.unaids.org

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